

Insured's Name: _____ Account/Policy # _____

GAP Total Loss Claim Form - Instructions

Claim # _____
(if available)

1. Read, complete, sign, and date all applicable portions of the Statement of Borrower.
2. Send a copy of the Vehicle Valuation Report and Insurance Settlement Statement from the primary insurance company.
3. Send all pages of the completed, signed claim form and any attachments to Insurance Claims Department as indicated above. Keep a copy for your records. Please be aware email is not considered a secure method of delivery for personal / medical information.

Note: Altered forms cannot be accepted.

Statement of Borrower - To be completed by Borrower

Name	Telephone #
Complete mailing address	City State Zip

Email address (optional)

Date of loss	Type of loss (Collision, Theft, Other)
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Vehicle year	Make	Model	Last 7 of Vin #
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Did an Insurance Company Deem Your Vehicle a Total Loss? Yes No Not Applicable

Name of primary insurance company handling claim

Policyholder name	Policy #
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Claim #	Insurance company telephone #
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Complete mailing address	City	State	Zip
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Vehicle year	Make	Model	Last 7 of Vin #
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Email address (optional)

I affirm the information I have provided herein is accurate and complete. Signature below is the Claimant or legal representative.

Signature

Date

